Attorney Docket No.: PALM-3596.SG.CON





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envelope	certify that this to bearing First Color date of dep	lass Postage and addre	described document i	is being deposited with the Liioner for Patents P.O. Box	Jnited States Postal Service in an 1450, Alexandria, VA 22313-1450,		
Date of Deposit:	08/02/06	Name of Person Making the Deposit:	Julie Williams	Signature of the Person Making the Deposit:	Gulloullan		
In re Ap	oplication of:	Rich Karstens, Rya	an Robertson and	David Kammer	U		
Applica	tion No.: 10	/824,756	Examir	iner: Tran, Pablo N.			
Filed: (04/14/04		Art Uni	it: 2618			
Confirm	nation No.: 7	' 050					
		METHOD FOR US RELESS MODEM	SING A WIRELES	S ENABLED PORTAB	LE COMPUTER		
P.O. Bo	ssioner for P ox 1450 dria, VA 223						
			<u>AMENDMEN</u>	T TRANSMITTAL			
1.	Transmitted	f herewith is an am	endment for this a	application			
X Tr			se to an office acti	on for the above identi	fied patent application.		
***************************************	*******************************	eets) erewith are5_	sheets of Tern	ninal Disclaimer.			
2.	Applicant is	other than a small	entity				
			Extension	of Term			
3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.						
(a)	[] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)						
	·	Extension [] one month [] two months [] three mont [] four months [] five months	hs s	Fee \$120.00 \$450.00 \$1,020.00 \$1,590.00 \$2,160.00 Fee \$			

If an additional extension of time is required, please consider this a petition therefor.

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	12	- 20 =	0	x \$50.00	\$0.00				
Independent Claims	1	- 3 =	0	x \$200.00	\$0.00				
Multiple Dependent Claim Fee (one or more, first added by this \$360.00 amendment)									
Total Fees									

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [X] A check in the amount of \$130.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45549

Respectfully submitted,

Date: 2 Aug 2006

Matthew J. Blecher Reg. No. 46,558